



Virginia  
Regulatory  
Town Hall

## Proposed Regulation Agency Background Document

<b>Agency Name:</b>	Board of Physical Therapy - Department of Health Professions
<b>VAC Chapter Number:</b>	18 VAC 112-20-10 et seq.
<b>Regulation Title:</b>	Regulations Governing the Practice of Physical Therapy
<b>Action Title:</b>	Requirements for continuing competency
<b>Date:</b>	2/12/2002

This information is required pursuant to the Administrative Process Act (§ 9-6.14:9.1 *et seq.* of the *Code of Virginia*), Executive Order Twenty-Five (98), Executive Order Fifty-Eight (99), and the *Virginia Register Form, Style and Procedure Manual*. Please refer to these sources for more information and other materials required to be submitted in the regulatory review package.

### Summary

*Please provide a brief summary of the proposed new regulation, proposed amendments to an existing regulation, or the regulation proposed to be repealed. There is no need to state each provision or amendment or restate the purpose and intent of the regulation; instead give a summary of the regulatory action and alert the reader to all substantive matters or changes. If applicable, generally describe the existing regulation.*

Amendments to regulations are required for compliance with Chapters 315 and 858 of the 2001 Acts of the Assembly mandating the Board to promulgate regulations to establish requirements to ensure continuing competency of the practitioners it licenses. The proposed regulations will replace the emergency regulations that went into effect on November 1, 2001 and are identical to those regulations.

## Basis

*Please identify the state and/or federal source of legal authority to promulgate the regulation. The discussion of this statutory authority should: 1) describe its scope and the extent to which it is mandatory or discretionary; and 2) include a brief statement relating the content of the statutory authority to the specific regulation. In addition, where applicable, please describe the extent to which proposed changes exceed federal minimum requirements. Full citations of legal authority and, if available, web site addresses for locating the text of the cited authority must be provided. Please state that the Office of the Attorney General has certified that the agency has the statutory authority to promulgate the proposed regulation and that it comports with applicable state and/or federal law.*

**Chapter 24** establishes the general powers and duties of health regulatory boards including the responsibility to promulgate regulations, levy fees, administer a licensure and renewal program, and discipline regulated professionals.

*§ 54.1-2400. General powers and duties of health regulatory boards.--The general powers and duties of health regulatory boards shall be:*

- 1. To establish the qualifications for registration, certification or licensure in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.*
- 2. To examine or cause to be examined applicants for certification or licensure. Unless otherwise required by law, examinations shall be administered in writing or shall be a demonstration of manual skills.*
- 3. To register, certify or license qualified applicants as practitioners of the particular profession or professions regulated by such board.*
- 4. To establish schedules for renewals of registration, certification and licensure.*
- 5. To levy and collect fees for application processing, examination, registration, certification or licensure and renewal that are sufficient to cover all expenses for the administration and operation of the Department of Health Professions, the Board of Health Professions and the health regulatory boards.*
- 6. To promulgate regulations in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) which are reasonable and necessary to administer effectively the regulatory system. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 and Chapter 25 of this title.*
- 7. To revoke, suspend, restrict, or refuse to issue or renew a registration, certificate or license which such board has authority to issue for causes enumerated in applicable law and regulations.*
- 8. To appoint designees from their membership or immediate staff to coordinate with the Intervention Program Committee and to implement, as is necessary, the provisions of*

*Chapter 25.1 (§ 54.1-2515 et seq.) of this title. Each health regulatory board shall appoint one such designee.*

9. *To take appropriate disciplinary action for violations of applicable law and regulations.*
10. *To appoint a special conference committee, composed of not less than two members of a health regulatory board, to act in accordance with § 9-6.14:11 upon receipt of information that a practitioner of the appropriate board may be subject to disciplinary action. The special conference committee may (i) exonerate the practitioner; (ii) reinstate the practitioner; (iii) place the practitioner on probation with such terms as it may deem appropriate; (iv) reprimand the practitioner; (v) modify a previous order; and (vi) impose a monetary penalty pursuant to § 54.1-2401. The order of the special conference committee shall become final thirty days after service of the order unless a written request to the board for a hearing is received within such time. If service of the decision to a party is accomplished by mail, three days shall be added to the thirty-day period. Upon receiving a timely written request for a hearing, the board or a panel of the board shall then proceed with a hearing as provided in § 9-6.14:12, and the action of the committee shall be vacated. This subdivision shall not be construed to affect the authority or procedures of the Boards of Medicine and Nursing pursuant to §§ 54.1-2919 and 54.1-3010.*
11. *To convene, at their discretion, a panel consisting of at least five board members or, if a quorum of the board is less than five members, consisting of a quorum of the members to conduct formal proceedings pursuant to § 9-6.14:12, decide the case, and issue a final agency case decision. Any decision rendered by majority vote of such panel shall have the same effect as if made by the full board and shall be subject to court review in accordance with the Administrative Process Act. No member who participates in an informal proceeding conducted in accordance with § 9-6.14:11 shall serve on a panel conducting formal proceedings pursuant to § 9-6.14:12 to consider the same matter.*
12. *To issue inactive licenses and certificates and promulgate regulations to carry out such purpose. Such regulations shall include, but not be limited to, the qualifications, renewal fees, and conditions for reactivation of such licenses or certificates.*

The legal mandate to promulgate regulations is found in §§ 54.1-3474 and 54.1-3480.1.

**§ 54.1-3474. Unlawful to practice without license; continuing competency requirements.**

- A. *It shall be unlawful for any person to practice physical therapy or as a physical therapist assistant in the Commonwealth without a valid unrevoked license issued by the Board.*
- B. *The Board shall promulgate regulations establishing requirements to ensure continuing competency of physical therapists and physical therapist assistants, which may include continuing education, testing, or such other requirements as the Board may determine to be necessary.*
- C. *In promulgating continuing competency requirements, the Board shall consider (i) the need to promote ethical practice, (ii) an appropriate standard of care, (iii) patient safety, (iv) application of new medical technology, (v) appropriate communication with patients, and (vi) knowledge of the changing health care system.*
- D. *The Board may approve persons who provide or accredit programs to ensure continuing competency.*

**§ 54.1-3480.1. Continuing education.**

*As a prerequisite to renewal of a license or reinstatement of a license, each physical therapist shall be required to take biennial courses relating to physical therapy as approved by the Board. The Board shall prescribe criteria for approval of courses of study and credit hour requirements. The Board may approve alternative courses upon timely application of any licensee. Fulfillment of education requirements shall be certified to the Board upon a form provided by the Board and shall be submitted by each licensed physical therapist at the time he applies to the Board for the renewal or reinstatement of his license. The Board may waive individual requirements in cases of certified illness or undue hardship.*

## Purpose

*Please provide a statement explaining the need for the new or amended regulation. This statement must include the rationale or justification of the proposed regulatory action and detail the specific reasons it is essential to protect the health, safety or welfare of citizens. A statement of a general nature is not acceptable, particular rationales must be explicitly discussed. Please include a discussion of the goals of the proposal and the problems the proposal is intended to solve.*

Chapters 858 and 315 of the 2001 Acts of the Assembly amended the physical therapy practice act by mandating that the Board promulgate regulations for the establishment of continuing competency requirements. To carry out that mandate, the Board established an advisory committee to study the type and amount of continuing education to be required, review what other states require, and develop a recommendation for the adoption of emergency regulation.

In promulgating regulations for continued competency of physical therapy licensees, the Board considered the mandate of the General Assembly to adopt regulations that would address a) the need to promote ethical practice, b) an appropriate standard of care, c) patient safety, d) application of new medical technology, e) appropriate communication with patients, and f) knowledge of the changing health care system.

The goal of the Board was to develop requirements that would: 1) encourage learner-directed continuing education through which a practitioner can identify a practice question or problem, seek the learning activity which provides needed information or teaches a new skill, and thereby, enhance his expertise or ability to practice; 2) offer a choice of content and form that is flexible enough to meet the needs of physical therapists and physical therapist assistants in a variety of practice settings in any location in Virginia; and 3) assure the public that therapists have maintained their skills and competencies in order to protect the public health, safety and welfare.

## Substance

*Please identify and explain the new substantive provisions, the substantive changes to existing sections, or both where appropriate. Please note that a more detailed discussion is required under the statement providing detail of the regulatory action's changes.*

The Ad Hoc Advisory Committee recommended and the Board adopted a requirement which consists of a total of 30 contact hours per biennium as follows: (1) Physical therapists must have at least 15 and physical therapist assistant at least 10 hours of Type 1, face-to-face continuing education, which must be offered by an approved sponsor or organization that provides documentation of hours to the practitioner. The hours may include formal course work, in-service training, or other educational experience; and (2) No more than 15 hours required for physical therapists and no more than 20 hours required for physical therapist assistants may be in Type 2 continuing learning activities, which may or may not be approved by a sponsor or organization but shall be activities considered by the learner to be beneficial to practice or to continuing learning; therapists document their own participation on form provided by the Board. There are also rules for maintaining documentation of continuing education, auditing, extensions and exemptions. Evidence of continuing competency hours would be required for reinstatement of a lapsed license or reactivation of an inactive license.

## Issues

*Please provide a statement identifying the issues associated with the proposed regulatory action. The term "issues" means: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, please include a sentence to that effect.*

### **Advantages to the licensees:**

The continuing competency requirements are intended to provide some assurance to the public that licensees of the Board are maintaining current knowledge and skills, while providing the maximum amount of flexibility and availability to licensees. The Board believes that the majority of PT's and PTA's already obtain sufficient hours of continuing competency activities or courses in a biennium. Physical therapists who work for organizations are often required to take in-service training or continuing education for employment. Only 15 of the hours for PT's and only 10 of the hours for PTA's must be offered by a recognized sponsor, the other hours may be acquired by the practitioner on his own time and schedule. The resources for earning the hours and engaging in the required learning are numerous and readily available in all parts of Virginia.

### **Disadvantages to the licensees:**

For a small minority of practitioners who do not currently engage in any continuing learning in their profession, these requirements will represent an additional burden. However, it was determined by enactment of the statute and by the Board's concurrence that those practitioners and their patients would greatly benefit from continuing learning requirements, and that the public is better protected if there is some assurance of that effort.

### **Advantages or disadvantages to the public:**

There are definite advantages of the proposed amended regulations to the public, which will have greater assurance that the licensees for the Board are engaged in activities to maintain and improve their knowledge and skills in providing care to their patients. The public is also better served by a continuing competency requirement for licensees who have allowed their license to lapse or have been inactive.

**Advantages or disadvantages to governmental agencies:**

Government agencies that employ physical therapists may incur additional costs if they elect to hire individuals to present workshops or seminars to their staff or to pay for continuing education. The Board will incur additional costs to monitor compliance of licensees, and to hold additional disciplinary hearings for individuals who do not comply with the requirement.

### Fiscal Impact

*Please identify the anticipated fiscal impacts and at a minimum include: (a) the projected cost to the state to implement and enforce the proposed regulation, including (i) fund source / fund detail, (ii) budget activity with a cross-reference to program and subprogram, and (iii) a delineation of one-time versus on-going expenditures; (b) the projected cost of the regulation on localities; (c) a description of the individuals, businesses or other entities that are likely to be affected by the regulation; (d) the agency's best estimate of the number of such entities that will be affected; and e) the projected cost of the regulation for affected individuals, businesses, or other entities.*

**Projected cost to the state to implement and enforce:**

(i) Fund source: As a special fund agency, the Board must generate sufficient revenue to cover its expenditures from non-general funds, specifically the renewal and application fees it charges to practitioners for necessary functions of regulation.

(ii) Budget activity by program or subprogram: There is no change required in the budget of the Commonwealth as a result of this program.

(iii) One-time versus ongoing expenditures: The agency will incur some one-time costs (less than \$2,000) for mailings to the Public Participation Guidelines mailing lists, conducting a public hearing, and sending copies of final regulations to regulated entities. Every effort will be made to incorporate those into anticipated mailings and Board meetings already scheduled.

**Projected cost on localities:**

There are no projected costs to localities.

**Description of entities that are likely to be affected by regulation:**

The entities that are likely to be affected by these regulations would be licensed physical therapists and physical therapist assistants.

**Estimate of number of entities to be affected:**

Currently, there are approximately 4,136 physical therapists and 1,503 physical therapist assistants with current active licenses who will be required to obtain 30 hours of continuing competency activities or courses in order to renew their active licenses.

**Projected costs to the affected entities:**

Regulations adopted by the Board require a physical therapist to have 15 contact hours and a physical therapist assistant to have 10 contact hours of Type 1 approved continuing education each biennium. The cost for compliance will vary depending on the practitioner and the method chosen for acquiring the required hours.

To determine which courses have approval for Type 1, the Board adopted in regulation an extensive listing of organizations or components of organizations that are designated as approved providers of CE or are authorized to approve other providers of CE. For example, a course offered by the UVA would automatically be approved since it is a “regionally accredited college or university” or a course or in-service offered by Health South Hospital would be approved as it is a “health care organization accredited by JCAHO.” The American Physical Therapy (APTA) Association and the Virginia Physical Therapy Association (VPTA) are designated as approved providers or they may in turn approve other persons or organizations as CE sponsors.

The state professional association (VPTA) has begun to approve sponsors for continuing education. To approve sponsors of CE, the VPTA charges an annual fee for review course for quality and content. An application for approval that is received more than 60 days in advance of a course offering must be accompanied by a fee to VPTA of \$200; an application received less than 60 days in advance of the course offering costs more. Thus far, ten sponsors have applied for VPTA approval. For example, a sponsor that has already been approved by VPTA is offering a weekend seminar with 15 contact hours for \$475. The annual VPTA conference offers 15 to 18 contact hours and costs \$300, so it would be possible for a physical therapist to acquire all Type 1 hours for the biennium at one meeting.

Many organizations, school systems, hospitals and large practices offer in-service training for their physical therapy staff at no cost to the practitioners. For example, the regional medical center in the Harrisonburg area offers at least two courses per year with at least 8 to 10 contact hours, so their physical therapy staff could meet the state licensure requirement at no cost to the individual. The courses are also open to other practitioners at a cost of \$200 for 11.5 contact hours (lecture and lab) or \$150 for 7 contact hours (lecture only). It would appear that there is an ample amount of continuing education offered in all regions of the state.

The hours designated as Type 2 may be acquired without cost or time from practice, because they may include consultation on cases with colleagues. Time spent on activities such as independent study, researching a practice or treatment question or reading professional journals may also be counted as Type 2 hours. No more than 15 of the required 30 hours may be Type 2 for physical therapists, and no more than 20 of the 30 hours for physical therapist assistants. If the therapist chooses, all of the hours may be Type 1, offered by an approved sponsor.

## Detail of Changes

*Please detail any changes, other than strictly editorial changes, that are being proposed. Please detail new substantive provisions, all substantive changes to existing sections, or both where appropriate. This statement should provide a section-by-section description - or cross-walk - of changes implemented by the proposed regulatory action. Where applicable, include citations to the specific sections of an existing regulation being amended and explain the consequences of the proposed changes.*

The amended sections are as follows:

### **18 VAC 112-20-10. Definitions.**

New definitions are given to provide clarity for terms used in the continuing competency regulations. Terms defined include: “contact hour,” “face-to-face,” “type 1,” and “type 2.”

### **18 VAC 112-20-130. Biennial renewal of license.**

Added to the requirement of hours of practice to renew an active license is the requirement to comply with continuing competency requirements.

### **18 VAC 112-20-131. Continued competency requirements for renewal of an active license.**

This new section of regulation sets requirement for renewal at 30 contact hours of continuing learning within the two years immediately preceding renewal. The 30-hour requirement is divided between Type 1 hours which must be offered by an accredited sponsor and which must be face-to-face or interactive hours and Type 2 hours which may be selected by the practitioner as valuable to continued learning in his practice.

Organizations approved by the Board as accredited sponsors or providers for Type 1 courses are listed in subsection B and include physical therapy associations, governmental agencies, accredited colleges and universities, accredited health care entities, the American Medical Association and the national athletic trainers’ association. Specialty certification or re-certification may suffice as evidence of continued competency for the renewal period in which that occurs.

Regulations further provide for an exemption from continued competency requirements in the first renewal cycle following initial licensure, waiver of requirements for certain conditions, or an extension of time for good cause shown and upon request from the licensee. There are requirements for a random audit of licensees and for the retention of documentation for a period of at least four years.

### **18 VAC 112-20-135. Inactive license.**

An amendment is adopted to add a requirement for evidence of completion of the number of continued competency hours that would have been required for the period the license was inactive, not to exceed four years.

**18 VAC 112-20-136. Reinstatement requirements.**

The reinstatement requirement for practice in another jurisdiction or completion of an inactive practice traineeship has been found in subsection A of 18 VAC 112-20-140. The amended regulations place that requirement in section 136 and add the requirement for completion of continued competency hours similar to that required for reactivation of an inactive license.

**18 VAC 112-20-140. Traineeship required.**

The subsection related to reinstatement of a lapsed license has been deleted in this section and included in new section 136.

**The Continued Competency Activity and Assessment Form** provides instructions to the licensees for compliance with regulations and completion of the form on which hours are documented.

## Alternatives

*Please describe the specific alternatives to the proposal considered and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the action.*

To develop the regulations, an ad hoc committee comprised of board members, representatives of VPTA, and licensees from various types of practices was appointed. Since the committee represented a good cross-section of licensees who consulted with other physical therapists and physical therapist assistants on the content of the regulations, the issues related to requirements were addressed. Therefore, these proposed regulations do not differ from the emergency regulations which have been in effect since November 1, 2001.

To select the least burdensome method for ensuring continued competency of its licensees as mandated by legislative action of the 2001 General Assembly, the Board reviewed laws that were passed, the regulations adopted by other boards within the Department of Health Professions, and physical therapy regulations of other states. The requirements that were adopted are consistent with those in other states and other professions and in most cases less stringent.

Twenty-six other states have continuing education requirements for physical therapy; the average number of hours required is 36.4. Examples of requirements for other professions licensed by the Department include: 60 hours per biennium for physicians, chiropractors & podiatrists, 40 hours per biennium for nurse practitioners, 30 hours per biennium for pharmacists, veterinarians,

audiologists and speech-language pathologists, 24 hours per biennium for radiologic technologists, and 20 hours per biennium for occupational therapists.

Issues that were addressed in the development of these regulations and the alternatives selected were:

**1) Hour requirement for physical therapist and physical therapist assistant.**

The ad hoc committee and the Board considered the question of whether the physical therapist assistant (PTA) should have the same hour requirement as a physical therapist (PT). In reviewing requirements from other states, it was noted that approximately half of the states require an equal number of hours for both professions. Comments from assistants during the development of regulations indicated general support for an equal requirement as a way of indicating their professionalism and commitment to continued learning. Comments from PT's noted that assistants are increasingly being given a high level of individual responsibility for patient care. Therefore, both groups agreed that an equal number of continuing competency hours was appropriate and necessary.

In recognition of the differential in income between the two groups, the Board determined that the overall hours should be the same, but that the PTA's should not be required to have as many Type 1 hours offered by an accredited sponsor. Acquiring Type 1 hours will generally entail some cost to the licensee, whereas Type 2 hours may be gained through consultation, self-study or other means that may involve no cost to the licensee. Therefore, a physical therapist will have to have a total of 30 hours each biennium with a minimum of 15 hours in Type 1, and the physical therapist assistant will be required to have 30 hours with a minimum of 10 hours in Type 1.

**2) Selection of approved providers or sponsors of continuing education.**

Section D of § 54.1-3474 provides that the Board may approve persons who provide or accredit programs to ensure continuing competency. Rather than grant approval on a case-by-case basis, the Board followed the example of other boards with the Department by setting out in regulation the organizations that were considered "approved" providers or sponsors of continuing education. By establishing a broad range of approved providers, the Board has simplified compliance for its licensees who do not have to wait for a CE sponsor to apply and receive approval for its offerings. Licensees will know in advance that courses offered by one of the entities listed in subsection B of 18 VAC 112-20-131 will be acceptable for Type 1 or Type 2 credit.

Chapter 315 of the 2001 Acts of the Assembly provided that the Board "may approve" alternative courses upon timely application of any licensee. While regulations do not preclude such approval, they did not establish a process for such applications. It has been the experience of other boards that individual application from licensees for CE approval is both costly and time-consuming for all parties. The Board does not have the manpower or the resources to review and verify the validity of CE courses offered anywhere in the United States. Therefore, it is not its intention to begin the process of allowing individual applications for approval.

### 3) Content of continued competency requirement

When the Board of Physical Therapy was considering continued competency requirements for its licensees, it concluded that the value of continuing education lies in those courses and activities which are practice-specific or clinically based and which address the specific needs of the learner-practitioner. The goal of the ad hoc committee's work and the intent of the Board was to develop requirements that would: 1) encourage learner-directed continuing education through which the practitioner can identify a practice question or problem, seek the learning activity which provides needed information or teaches a new skill, and thereby, enhance his expertise or ability to practice; 2) offer a choice of content and form that is flexible enough to meet the needs of the PT's and PTA's in any type of practice in any location in Virginia; and 3) assure the public that they are maintaining their skills and competencies.

The 30 required hours are divided into two types: (1) In Type 1 continuing learning activities, the hours required biennially must be offered by an accredited sponsor or organization which is sanctioned by the profession and which provides documentation of hours to the practitioner; and (2) In Type 2 continuing learning activities, the hours required biennially may or may not be approved by an accredited sponsor or organization but shall be activities considered by the learner to be beneficial to practice or to continuing learning; PT's and PTA's document their own participation on the attached form.

In its consideration of these requirements, the Board modeled the format and content for continuing education after that which has been recently adopted for other health care practitioners - specifically physicians, chiropractors, podiatrists, audiologists, occupational therapists and others. From the experience of many boards with disciplinary cases, it has been observed that practitioners who engage in substandard care or have other disciplinary problems are often not associated with other practitioners or involved in any professional group. Therefore, the Board is requiring that the Type 1 hours be earned in face-to-face settings or interactive opportunities.

### 4) Requirements for reactivation of an inactive or lapsed license.

Along with requirements for continuing competency for renewal of licenses, the Board is proposing new requirements for reactivation of an inactive license or reinstatement of a lapsed license as necessary to ensure that practitioners are competent to resume practice. The Board determined that it was necessary for a practitioner whose license has been inactive or lapsed for at least two years to provide evidence of continuing competency hours equal to the amount of time the license has not been active, not to exceed four years. This requirement is also consistent with other health care practitioners who are required to demonstrate continued competency.

## Public Comment

*Please summarize all public comment received during the NOIRA comment period and provide the agency response.*

An announcement of the board's intent to amend its regulations was posted on the Virginia Regulatory Townhall, sent to the Registrar of Regulations, and sent to persons on the PPG mailing list for the board. Public comment was received until November 21, 2001. During the 30-day comment period, no comments were received from members of the public.

### Clarity of the Regulation

*Please provide a statement indicating that the agency, through examination of the regulation and relevant public comments, has determined that the regulation is clearly written and easily understandable by the individuals and entities affected.*

The Board of Physical Therapy, comprised of licensed physical therapists, licensed physical therapist assistants and a member of the public met to work on draft regulations, which are identical to emergency regulations currently in effect. The emergency regulations were reviewed and approved by the Department of Planning & Budget, the Secretary of Health and Human Resources and the Office of the Governor. The Assistant Attorney General who provides counsel to the Board has been involved during the development and adoption of proposed regulations to ensure clarity and compliance with law and regulation.

### Periodic Review

*Please supply a schedule setting forth when the agency will initiate a review and re-evaluation to determine if the regulation should be continued, amended, or terminated. The specific and measurable regulatory goals should be outlined with this schedule. The review shall take place no later than three years after the proposed regulation is expected to be effective.*

Public participation guidelines require the Board to review regulations each biennium or as required by Executive Order. Regulations will be reviewed again during the 2004-05 fiscal year.

### Family Impact Statement

*Please provide an analysis of the proposed regulatory action that assesses the potential impact on the institution of the family and family stability including the extent to which the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one's spouse, and one's children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.*

In its preliminary analysis of the proposed regulatory action, the agency has determined that there is no potential impact on the institution of the family and family stability. To the extent physical therapists and physical therapist assistants would be required to pay a fee to obtain continuing competency courses or activities, there may be some very modest reduction in disposable income.